

**County of Sonoma  
Board of Supervisors  
Boards/Commissions/Committees Application**

Return Completed Application to:  
Sonoma County Juvenile Justice  
and Delinquency Prevention Commission  
P.O. Box 358, Santa Rosa, CA 95402  
info@juvenilejusticecommission.org  
(707) 565-2500 X 8164

BOARD/COMMISSION/COMMITTEE OF INTEREST \_\_\_\_\_

HAVE YOU EVER ATTENDED A MEETING OF THIS COMMISSION? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

HOW MANY YEARS HAVE YOU RESIDED IN SONOMA COUNTY? \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_

EDUCATION:		
SCHOOL	MAJOR	GRADUATION DATE/DEGREE

COMMUNITY SERVICE EXPERIENCE:		
ORGANIZATION	DATES SERVED	POSITION

OTHER RELEVANT EXPERIENCE/EXPERTISE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR UNDERSTANDING OF THE ROLE AND RESPONSIBILITY OF THIS COMMISSION?

\_\_\_\_\_  
\_\_\_\_\_

WHICH ACTIVITIES OF THIS COMMISSION INTEREST YOU THE MOST? \_\_\_\_\_

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WHICH ACTIVITIES INTEREST YOU THE LEAST? \_\_\_\_\_

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WHAT WOULD BE YOUR GOAL AS A COMMISSIONER? \_\_\_\_\_

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WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO SEE THESE GOALS REALIZED? \_\_\_\_\_

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USE ADDITIONAL PAPER IF NECESSARY

PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:

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*Appointees will be required to take an Oath of Office & may be subject to filing an annual Statement of Economic Interest.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Applications will be kept on file for two years. All applications are available to the public.

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